

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION TYPE Regular <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Investigation <input type="checkbox"/> Other <input type="checkbox"/>	RSN <input checked="" type="checkbox"/>	TYPE <input checked="" type="checkbox"/>	GRADE 3	INSPECTION DATE 7 / 18 / 18	ESTABLISHMENT NAME TOYES PARADISE MARKET
			RATING A	TIME IN 10:05 AM	TIME OUT 12:40 PM
				SANITARY PERMIT NO. 180001843	PERMIT HOLDER TF CORPORATION
				LOCATION (Address) 115 CHALAN TRES COMPADRES, DEDED O	
ESTABLISHMENT TYPE RETAIL			AREA 1	TELEPHONE 633-1112	No. of Risk Factor/Intervention Violations 0
				No. of Repeat Risk Factor/Intervention Violations 0	RISK CATEGORY 2

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Supervision					
1	IN	OUT			6
Person in charge present, demonstrates knowledge, and performs duties					
Employee Health					
2	IN	OUT			6
Management awareness, policy present					
3	IN	OUT			6
Proper use of reporting, restriction & exclusion					
Good Hygienic Practices					
4	IN	OUT	N/A	N/O	6
Proper eating, tasting, drinking, betelnut, or tobacco use					
5	IN	OUT	N/A	N/O	6
No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands					
6	IN	OUT	N/A	N/O	6
Hands clean and properly washed					
7	IN	OUT	N/A	N/O	6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed					
8	IN	OUT			6
Adequate handwashing facilities supplied & accessible					
Approved Source					
9	IN	OUT			6
Food obtained from approved source					
10	IN	OUT	N/A	N/O	6
Food received at proper temperature					
11	IN	OUT			6
Food in good condition, safe, and unadulterated					
12	IN	OUT	N/A	N/O	6
Required records available: shellstock tags, parasite destruction					
Protection from Contamination					
13	IN	OUT	N/A		6
Food separated and protected					
14	IN	OUT	N/A		6
Food contact surfaces: cleaned & sanitized					
15	IN	OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food					
Potentially Hazardous Food (TCS Food)					
16	IN	OUT	N/A	N/O	6
Proper cooking time and temperatures					
17	IN	OUT	N/A	N/O	6
Proper reheating procedures for hot holding					
18	IN	OUT	N/A	N/O	6
Proper cooling time and temperatures					
19	IN	OUT	N/A	N/O	6
Proper hot holding temperatures					
20	IN	OUT	N/A		6
Proper cold holding temperatures					
21	IN	OUT	N/A	N/O	6
Proper date marking and disposition					
Consumer Advisory					
22	IN	OUT	N/A		6
Consumer Advisory provided for raw or undercooked foods					
Highly Susceptible Populations					
23	IN	OUT	N/A		6
Pasteurized foods used; prohibited foods not offered					
Chemical					
24	IN	OUT	N/A		6
Food additives: approved and properly used					
25	IN	OUT			6
Toxic substances properly identified, stored, used					
Conformance with Approved Procedures					
26	IN	OUT	N/A		6
Compliance with variance, specialized process, and HACCP plan					

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Safe Food and Water					
27		Pasteurized eggs used where required			1
28		Water and ice from approved source			2
29		Variance obtained for specialized processing methods			1
Food Temperature Control					
30		Proper cooling methods used; adequate equipment for temperature control			1
31		Plant food properly cooked for hot holding			1
32		Approved thawing methods used			1
33		Thermometer provided and accurate			1
Food Identification					
34		Food properly labeled; original container			1
Prevention of Food Contamination					
35	X	Insects, rodents, and animals not present			2
36		Contamination prevented during food preparation, storage & display			1
37		Personal cleanliness			1
38		Wiping cloths: properly used and stored			1
39		Washing fruits and vegetables			1
Proper Use of Utensils					
40		In-use utensils: properly stored			1
41		Utensils, equipment and linens: properly stored, dried, handled			1
42		Single-use/single-service articles: properly stored, used			1
43		Gloves used properly			1
Utensils, Equipment and Vending					
44	X	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	X		1
45		Warewashing facilities: installed, maintained, used; test strips			1
46		Nonfood-contact surfaces clean			1
Physical Facilities					
47		Hot & cold water available, adequate pressure			2
48		Plumbing installed; proper backflow devices			2
49		Sewage and wastewater properly disposed			2
50		Toilet facilities: properly constructed, supplied, & cleaned			2
51	X	Garbage/refuse properly disposed; facilities maintained	X		2
52	X	Physical facilities installed, maintained, and clean			1
53		Adequate ventilation and lighting; designated areas use			1
Documents and Placards					
54		Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

CHO SUNG HEE
J. GARCIA EPMO1

Date:

07/18/18

Follow-up (Circle one):

YES NO

Follow-up Date
10/28/18

Department of Public Health and Social Services
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ESTABLISHMENT NAME TOVES PARADISE MARKET		LOCATION (Address) 115 CHALAN TRES COMPADRES, PEDEDO
INSPECTION DATE 7 / 18 / 18	SANITARY PERMIT NO. 180001843	PERMIT HOLDER TF CORPORATION

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED.	
	THE FOLLOWING VIOLATIONS WERE OBSERVED:	
8	NO HOT WATER PROVIDED FOR HANDWASH SINK IN RESTROOM. HOT WATER SHALL BE PROVIDED TO PROMOTE PROPER HANDWASH HYGIENE. COS: BRAND NEW WATER HEATER INSTALLED & WORKING.	7/28/18 COS
35	DEAD INSECT OBSERVED IN OPEN AIR CHILLER. ALL OPENINGS SHALL BE ADEQUATELY PROTECTED TO PREVENT PEST ACCESS & HARBORAGE.	10/28/18
44	CARDBOARD LINING USED FOR FOODSHELVES. ALL FOOD & NON-FOOD CONTACT SURFACES SHALL BE SMOOTH, NON-POROUS & EASILY CLEANABLE TO PREVENT THE ACCUMULATION OF BACTERIA & FACILITATE CLEANING. COS: CARDBOARD LINING REMOVED.	10/28/18 COS
51	OUTDOOR GARBAGE RECEPTACLES NOT PROPERLY COVERED. WASTE RECEPTACLES SHALL BE KEPT COVERED TO PREVENT THE ATTRACTION, HARBORAGE & BREEDING OF PESTS. COS: GARBAGE BINS PROPERLY COVERED.	COS

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) CHO SUNG HEE	Date: 07/18/18
DEH Inspector (Print and Sign) J. GARCIA EPHO I	Date: 7/18/18

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